



# Application for Membership in a Local Union

of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada

I hereby make application for membership in Local No. \_\_\_\_\_ of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada ("the Union"). I base my application for membership on the following facts, which I affirm to be true:

I, \_\_\_\_\_, was born on \_\_\_\_\_ and presently  
(Print or Type Name) (Month) (Day) (Year)

reside at \_\_\_\_\_  
(Street) (City) (State/Province) (Zip/Postal Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Do you have a Twitter account? \_\_\_\_ Yes \_\_\_\_ No

My Social Security/Insurance Number is \_\_\_\_\_.

I am by occupation a \_\_\_\_\_ and have worked at the following employers in the  
entertainment industry: \_\_\_\_\_

Presently employed by \_\_\_\_\_ as a \_\_\_\_\_  
(Specify Occupation)

Previously applied for membership in a Local Union or Department of the I.A.T.S.E.? \_\_\_\_\_, to Local No. \_\_\_\_\_

Was Application rejected? \_\_\_\_\_. This application is for Journeyman \_\_\_\_ or Apprentice \_\_\_\_? (check one)

### PLEDGE

I, the undersigned, as a condition of my membership in the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, do solemnly pledge myself to accept and abide by the provisions of the I.A.T.S.E. Constitution and Bylaws, as now in force and hereafter legally amended, hereby express my consent to be governed thereby in the conduct of my trade and in my relationship with the Union.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Initiation Fee \_\_\_\_\_ Amount Paid \_\_\_\_\_

(LOCAL SEAL HERE)

This application submitted by Local No. \_\_\_\_\_

Secretary \_\_\_\_\_

This is to certify that \_\_\_\_\_ has on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
been admitted to membership in Local No. \_\_\_\_\_ having fully complied with the requirements as set forth in  
the Constitution and Bylaws of the Local Union and the International Alliance of Theatrical Stage Employees, Moving  
Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada.

Member's Social Security/Insurance Number \_\_\_\_\_

(LOCAL SEAL HERE)

\_\_\_\_\_, President

\_\_\_\_\_, Secretary

**THIS STUB TO BE COMPLETED AND RETURNED TO THE GENERAL OFFICE IMMEDIATELY FOLLOWING APPLICANT'S ADMISSION TO MEMBERSHIP.**

THIS APPLICATION MUST BE ACTED UPON WITHIN SIX MONTHS OTHERWISE A NEW APPLICATION MUST BE SUBMITTED.

THIS APPLICATION MUST BE ACCOMPANIED BY THE \$100.00 PROCESSING FEE OR \$10.00 PROCESSING FEE FOR SPECIAL DEPARTMENT LOCAL UNIONS.